



“A Study to Assess the Effectiveness of Video Assisted Teaching Module on Knowledge Regarding Selected Behavioral Problems in Children and Its Impact on Their Emotional Status among Mothers of Children Studying in Selected School of Bagalkot”.

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KEYWORDS

Mothers of school going children, Behavioral Problems, Effectiveness, Video Assisted Teaching module, Knowledge, Socio-demographic variables.

ABSTRACT:

Background: Behaviour is a response to an action, environment, or stimulus, and normal behaviour in children depends on age, personality, and physical and emotional development. Maladjusted children display behavioural disorders, causing anxiety and concern. Mothers, primary caretakers, can identify behavioural changes in their children and provide alternatives to manage them. However, if not identified early, children may become maladjusted and socially unacceptable, impacting their emotional status. This study evaluates the effectiveness of a Video Assisted Teaching Module in addressing behavioural problems among school-going mothers and its impact on their emotional status.

Methods: This was pre-experimental study with 50 subjects, selected through stratified random sampling technique. One group pre-test, post-test without control group design was used. Data was collected by means of a Self-Administered Structured Closed Ended Knowledge Questionnaire. Data was analyzed by using descriptive and inferential statistical.

Results: The study found that 48% of 50 mothers had poor knowledge about children's behavioural problems and their emotional status. The Video Assisted Teaching Module was found to be effective in enhancing mothers' knowledge. The post-test knowledge score was higher than the pre-test score, indicating the module's effectiveness. However, no significant association was found between knowledge of children's behavioural problems and their emotional status, and no significant association was found between socio-demographic variables.

Conclusion: The study proved that Video Assisted Teaching module on knowledge regarding selected behavioural problems in children and its impact on their emotional status for mothers of children was scientific, logical and cost-effective strategy.

1. Introduction

Normal behavior in children depends on age, personality, and physical and emotional development. They are healthy, happy, and well-adjusted, meeting basic emotional and physical needs. Parents are responsible for fulfilling these needs.¹ Child's development should be facilitated by loving care,

security, independence, trust, confidence, self-respect, social interaction, discipline, self-expression, and recreation, while parents should be aware of their children's achievements and accept their positive attitude. Nearly 10%-20% of children in countries like India, Britain, North America, Australia, and New Zealand experience serious behavioral problems. These require external advice or treatment, often resolving



through positive reinforcement. Causes include neglect, poor supervision, family conflict, and neurotic motherhood.² Thumb sucking is a psychosexual development in infants, often due to dissatisfaction with breastfeeding, insecurity, emotional problems, and stress. Treatment includes diversional therapy, family support, and avoiding excessive anxiety until the child is 4 years old.³ Temper tantrums are emotional outbursts in children, often characterized by stubbornness, resistance to pacification, and violence. To manage them, caregivers should maintain consistency in expectations, prioritize rules, and develop reasonable consequences. During tantrums, ignore the behavior if it's not harmful, and continue to provide control and security. Sibling rivalry is a natural competition or animosity between children, often caused by unequal attention, discipline, and responsiveness. It can escalate in families with no understanding of acceptable conflict resolution. Stress in parents and children's lives can further increase conflict. Prevention strategies include refusing comparisons, teaching positive attention-seeking behaviors, planning family activities, and ensuring each child has their own space.⁴ Behavioral problems are more prevalent among boys, second-born boys, and eldest girls, with higher prevalence of temper tantrums, destructive behavior, and hyperactivity. These problems are more common in children from nuclear families and lower socioeconomic status.⁵ Child behavior issues stem from a combination of factors including child characteristics, parent traits, discipline, mother's stress, depression, absent father, and socio-demographic risk factors associated with poverty.⁶ Many children experience behavioral problems during their development, which can be transient and have serious effects. In developed countries, parents often seek advice for minor issues, while in developing countries, major problems like childhood schizophrenia may go unattended. Awareness of these problems is crucial for mental health services.⁷ Young children often experience temporary behavioral problems, presenting challenges in interactions, especially within their family system, and these problems are stage-specific, with some unique to school-going children. Parents often face troublesome children's behavior and seek professional guidance to eliminate it. They may consult professionals like pediatricians, family physicians, or

early childhood education specialists, or seek information from articles. More problematic cases may require professional consultation and tailored treatment approaches.

2. Methods

It was a pre-experimental one group pretest -posttest design with an aim to assess the effectiveness of Video Assisted Teaching module on knowledge regarding selected behavioral problems in children and its impact on their emotional status among mothers of children studying in selected school of Bagalkot.

Study participants: The study participants were mothers of school going children studying in Government Higher Primary School No.-20, Navanagar, Bagalkot. The data was collected from 50 mothers of school going children.

Setting of the study: The study was conducted at Government Higher Primary School No.20, Navanagar, Bagalkot.

Sampling technique: Multistage random sampling technique was used to select the schools and stratified random sampling technique for subjects who were available and willing to participate, by giving consent.

Data collection Instrument:

A structured closed ended knowledge questionnaire was prepared by extensive review of literature and on the basis of suggestions of guide and experts, with an aim to assess the knowledge of mothers regarding selected behavioural problems in children and its impact on their emotional status. The tool and VATM were modified according to the suggestions of the experts before implementing to the mothers.

Translation and reliability of data collection instruments

The instruments were translated in to Kannada language and retranslated in to English. Similarity between original and translated tool were ascertained by linguistic experts. The reliability of tools was established by split half method. Karl Pearson correlation was used to get reliability of tool, for Kutchers generalized social anxiety disorder scale(K-GSADS-A) obtained r value was 0.80 and for Rosenberg self-esteem scale obtained r value was 0.94 suggesting tool was reliable for conducting the study.

Data collection Procedure: The data was collected from 08. 01. 2014 to 10.02. 2014. Prior permissions was



taken from Head master of the school. The mothers were screened according to inclusion and exclusion criteria. Consent was obtained from the participants. Instructions were given regarding content of data collection instruments. The researcher attained and clarified the doubts of participants during data collection. The filled tools were collected from the participants.

Statistical analysis: The data was analyzed using descriptive and inferential statistics. The data was edited for accuracy and completeness. The data was presented with frequency and percentage distribution tables and diagrams. Mean and standard deviation and paired 't' test were used to find the difference between pre-test and post-test assessment scores of mothers. Chi square test was used to find association between post-test knowledge scores with their selected demographic variables of mothers.

3. Results

Assessment of knowledge of mothers regarding selected behavioural problems in children and its impact on their emotional status.

Table 1: Percentage wise distribution of study subjects according to levels of knowledge in pre-test.

TEST	LEVELS OF KNOWLEDGE	NUMBER(F)	PERCENTAGE
PRE-TEST	Excellent	0	0
	Good	2	4
	Average	5	10
	Poor	19	38
	Very poor	24	48

Table 1 depicts Out of 50 pre-test subjects, 48% had very poor knowledge, 38% had poor, 10% had average, and 4% had good knowledge about children's behavioural problems and emotional status. **Evaluation of the effectiveness of VATM on knowledge of mothers regarding selected behavioural problems in children and its impact on their emotional status.** Comparison of knowledge level of mothers of children in pre-test and post-test.

Table 2: Percentage wise distribution of study subjects according to levels of knowledge in pre-test and post-test.

Level of knowledge	Pre – test		Post-test	
	No.of respondents	Percentage	No.of respondents	Percentage
Excellent	0	0	18	36
Good	2	4	27	54
Average	5	10	4	8
Poor	19	38	1	2
Very poor	24	48	0	0
Total	50	100	50	100

Table 2 depicts Knowledge wise comparison of study subjects in pre-test and post-test. In pre-test, out of 50 subjects 48% had very poor knowledge followed by 38% subject with poor, 10% subjects with average, 4% subjects with good and no one have excellent knowledge regarding selected behavioural problems in children and its impact on their emotional status. However, after VATM (post-test) 54% subjects had good knowledge followed by 36% subjects with excellent, 8% subjects with average, 2% subject with poor and no one have very poor knowledge regarding selected behavioural problems in children and its impact on their emotional status.

Area wise effectiveness of VATM on knowledge of mothers regarding selected behavioural problems in children and its impact on their emotional status.

Table 3: Area wise mean, S.D and mean percentage of the knowledge scores in pre-test and post-test.

Knowledge area	Max. score	Pre-test (O ₁)		Post-test (O ₂)		Effectiveness (O ₂ -O ₁)	
		Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD		
General aspects of behaviour & behavioural problems							
Thumb sucking in children &	5	1.68±0.78	33	3.8±0.85	76	2.12 ±1.06	42.4



its impact on their emotional status	7	1.9±1.03	2	5.06±0.93	7	3.16±1.34	45.16
	7	1.88±1.16	2	5.18±0.82	7	3.3±1.43	47.14
Sibling rivalry in children & its impact on their emotional status	13	1.94±2.03	1	10.94±1.4	8	84.2	9±2.15
	32	7.36±4.19	2	24.98±3.32	7	17.6±4.92	55.1
Total							

The study found that mothers of children showed an increase in their knowledge scores after the implementation of a parenting intervention (VTM). The mean knowledge score in the general aspects of behaviour and behavioural problems increased significantly, with a mean score of 2.12 (42.4%). The effectiveness of VATM was also evident in the areas of thumb sucking, sibling rivalry, and temper tantrum in children. The mean knowledge score in these areas increased significantly, with a mean score of 9.0 (69.28%). The post-test knowledge score was higher in the temper tantrum area, with a mean score of 24.98 ±3.317 (78.1%), compared to the pre-test score of 7.36 ±4.19. The effectiveness of VATM in selected behavioural problems and its impact on emotional status was also higher, with a mean score of 17.62 (55.1%). Overall, VATM was found to be effective in enhancing the knowledge of mothers of children.

Table 4: Significant difference between the pre-test knowledge and post-test knowledge scores of mothers of school going children.

Association between post-test knowledge scores and selected socio demographic variables.

Test	Mean	Std. Error	Mean Diff.	SD Diff.	Paired t-value	Table value
Pre-test (x ₁)	7.36	0.71	17.62	4.94	24.97	2.01

Post-test(x ₂)	24.98					
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As the calculated t value (24.97) was much higher than table 't' value (2.01) for Degree of Freedom 49 and at 5% level of significance, the hypothesis: H₁ -there is a significant difference between the pre-test knowledge and post-test knowledge scores of mothers of children regarding selected behavioural problems in children and its impact on their emotional status is accepted. Findings revealing the presence of significant difference between pre-test and post-test knowledge scores, hence the Video Assisted Teaching module is proved to be effective

Table 5: Association between post-test knowledge scores and selected socio demographic variables

SL. NO	SOCIO DEMOGRAPHIC VARIABLES	D.F	CHI-SQUARE VALUE	TAB LE VAL UE	LEVE L OF SIGNI FICAN CE
1.	Age	1	0.87	3.84	0.05
2.	Educational status	1	0.74	3.84	0.05
3.	Occupation	1	3.33	3.84	0.05
4.	Religion	1	0.014	3.84	0.05
5.	Family monthly income	1	0.35	3.84	0.05
6.	Type of family	1	0.74	3.84	0.05
7.	Total Number of children in the family.	1	0.69	3.84	0.05
8.	Sources of information	1	0.0057	3.84	0.05

Findings regarding the association between post-test knowledge scores and selected socio demographic variables show that there was no significant association between post-test knowledge scores and socio-demographic variables.

4. Discussion

It was a pre-experimental one group pre-test -post-test design with an aim to assess the effectiveness of Video Assisted Teaching module on knowledge regarding selected behavioural problems in children and its impact on their emotional status among mothers of children studying in selected school. A study on 200 preschool children in India found 22% had behavioural problems, with higher rates among boys and those from nuclear families and lower socio-economic status. The study recommends larger community-scale studies focusing



on individual behavioural issues.⁶ A study in India found that children of alcohol dependent parents have higher prevalence of behavioural problems, with girls experiencing more internalizing behavioural issues and boys experiencing more externalizing problems, particularly conduct issues, compared to those of non-alcoholic parents.⁹ A study in India found higher prevalence of behavioural problems in children with scholastic skills compared to normal controls. The study recommended further investigation into mother-child interactions in home teaching contexts, study of disciplining, and additional individual therapy and parental counselling for behavioural issues.¹⁰ A study in India found no significant difference in behavioural problems among children aged 6-14, officers, other ranks, or income groups. Female children had externalizing problems, while male children had externalizing ones. The study concluded that there was no specific trend in children of defence personnel compared to civilians. The data was collected using the Mean Child Behaviour Check List.¹¹ A study in the US found that tantrum intensity and duration were positively correlated with parent ratings of child anxiety/depression in 3-5 year olds, recommending replication and understanding of age- and gender-based tantrum behavior.¹² A longitudinal study found a link between parent gender and first-born children's jealousy behaviour, with mothers exhibiting more jealousy when interacting with their infant siblings one month after birth. Future research should explore the explanation of children's attachment to both parents.¹³ A study in Saudi Arabia found that 48.36% of preschool children have sucking habits, with dummy sucking being the dominant type. The study recommends parental counselling for preventive measures.¹⁴ A study in France found that first-grade children who suck their thumbs in a pose were perceived as less intelligent, happy, attractive, likable, and fun, and less desirable as friends, playmates, and neighbour's. This suggests that chronic thumb sucking may have potentially harmful effects on social acceptance.¹⁵ A study on 75 children found that prenatal thumb sucking, particularly left thumb sucking, is related to postnatal handedness, with male left thumb sucking fetuses more likely to be right-handed children than females.

5. **RECOMMENDATION:**

A similar study can be replicated on large scale for the purpose of generalization. An experimental study can be done with control group. A similar study can be conducted in other parts of Bagalkot district and other states to validate and generalize the findings. A comparative study may be conducted between urban and rural settings. The study related to assessment of attitude and practices of behavioral problems & its impact on the emotional status of children can be done. Self-instruction module, manuals and information booklets may be developed in areas where studies would be conducted. A study can be carried out to evaluate the efficiency of various teaching strategies like SIM, pamphlets, leaflets and computer-assisted instruction on behavioral problems & its impact on the emotional status of children.

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